

Open Enrollment

2016



Table of Contents

Open Enrollment 2016	1
What's New in 2016.....	1
Open Enrollment materials on the internet	2
What's Open.....	3
Health Plan highlights.....	6
2016 Minnesota Advantage Health Plan Schedule of Benefits.....	9
Dental Plan Highlights	10
Schedule of Benefits for Dental Plan 2016	11
Dependent eligibility for State Employee Group Insurance Program (SEGIP)	12
Optional coverage highlights	13
2016 Health Plan Rates	15
2016 Dental Plan Rates	16
2016 Optional Coverage Rates	17
How can I get more information about Open Enrollment?	23
Minnesota Management & Budget (MMB) Notice of Collection of Private Data.....	25
To obtain more information about SEGIP plans.....	26

Open Enrollment 2016

The annual Open Enrollment period is October 27 – November 9, 2015

- Open Enrollment is your opportunity to change your benefit elections for the upcoming calendar year.
- To participate in the flexible spending (pre-tax) accounts, you must enroll every year, even if you are currently participating.
- Open Enrollment is your opportunity to complete the StayWell Personal Health Assessment and agree to accept a health professional call to receive the \$5 reduction for your office visit copayment in the Minnesota Advantage Health Plan.
- If you do not want to make changes to your health, dental, child life, or long-term disability, you do not need to re-enroll. However, even if you decide to keep your current coverage, your costs will change in 2016.

What's New in 2016

SEGIP spouses or child/parents may cover one-another on family policies.

SEGIP members eligible for the full employer contribution can cover one-another under the medical and dental insurance. You must waive coverage using the form available on the Open Enrollment website. Then, make sure your spouse or parent enrolls you for medical and/or dental coverage. Remember new policy holders must verify dependents for coverage.

There are two new benefits added to the Minnesota Advantage Plan. Palliative care and expanded benefits for Intensive Behavioral Therapies for dependents with Autism Spectrum Disorders. Participants seeking information or coverage under these two areas should contact their PCC or carrier for details about referrals, covered providers, and covered services.

Premiums

The premiums for the Minnesota Advantage Health Plan will increase by 7.4%. The single premium will increase to \$28.20 per month and family coverage will be \$192.44 per month. Dental insurance premiums will decrease by 1.58% to 1.59%. The State Dental Plan-Delta Dental and the HealthPartners State of Minnesota Dental plan will both have the same premium, \$5 per month for single coverage and \$34.06 per month for family. The Short-Term Disability (STD) premium will increase by 5.08% and Long-Term Disability (LTD) will decrease by 20.59%. The Optional life insurance premiums (employee, spouse, and child) will not change for 2016. The Basic and Managerial Life will increase by approximately 4.3%.

Cost Sharing

There are notable changes to the cost sharing features of the Minnesota Advantage Health Plan. The first dollar deductibles, office visit copays, prescription drug copays, and the plan out-of-pocket maximums will increase. Review the Schedule of Benefits for changes in these areas.

Dental coverage increased

In-network benefits for Restorative Services like fillings and simple extractions will increase to 80% from 60%.

“Reminder” Dependent Verification

Eligible dependents may be added to coverage during Open Enrollment. Verification of eligibility is required. Following the Open Enrollment period, SEGIP will send a letter to the address on file requesting documentation verifying the relationship of the provisionally enrolled dependent of the employee. Appropriate documentation must be provided within 30 days from the date on the letter. If a dependent is not properly verified they will not be enrolled for the 2016 plan year. **Although all dependents enrolled during Open Enrollment will receive insurance cards, coverage is pending until they are positively verified.**

Open Enrollment materials on the Internet

FIND MORE INFORMATION AT: mn.gov/mmb/segip

Steps to your Open Enrollment

Information and links you need are at: mn.gov/mmb/segip click on the Open Enrollment Tab.

Gather and review information

Review your current benefits at Employee Self Service: www.state.mn.us/employee (you will need your employee ID number and password to login, see your HR office if you need your ID number. There is an, "I forgot my password link", if needed).

Review your health PCC clinic choice at: mn.gov/mmb/segip

- Check your health clinic's cost level, it may change each year and vary by carrier.
- Check your health clinic's quality rating at: www.mnhealthscores.org to ensure you are receiving quality health care.

Enroll

Go to Employee Self Service at: www.state.mn.us/employee (employee ID# and password needed).

- Click on "State of MN Self Service"
- Under Benefits, click on "Benefits Enrollment" (you may be asked to confirm your home address)
- Click on "Select" in the Open Enrollment row
- Your selections are listed, click on "Edit" to make a change to an election.

Reminder: You must enroll in a pre-tax account every year to participate

- Under each selection you may change your coverage, enroll or add/drop dependents. You must designate a Primary Care Clinic for each dependent you add. If you are changing carriers you will also need to designate a Primary Care Clinic for yourself and each covered dependent.
- Review your dependents to ensure they are eligible under plan rules
- When you have made all of your changes:
- Click on "Continue"
- Complete your enrollment by clicking on "Accept"

Reminder: You must click on "Accept" prior to midnight on November 9, 2015 or your elections will not be made.

- You will immediately receive a printable Confirmation Statement of your elections online at the end of your enrollment.
- Online Confirmation Statements can only be viewed October 27 – November 9, 2015. After Open Enrollment, benefit elections for 2016 must be viewed on your Benefits Summary via Employee Self Service after December 1, 2015.
- If you did not make Open Enrollment elections or changes, you will be able to view your 2016 enrollments on your Benefits Summary via Self Service after December 1, 2015.
- If you added dependent coverage, you must provide requested documentation of eligibility by the date stated in the letter mailed to your home following Open Enrollment. Unverified dependents will not be added to coverage as of January 1, 2016.
- BlueCross BlueShield, HealthPartners, and PreferredOne, and Delta Dental will mail members new cards. HealthPartners will send new dental card, only if a change is made. Navitus only sends new cards to newly enrolled employee or dependent.

Reminder: Receiving a card is not a guarantee of eligibility.

Complete the Health Assessment. Click on: segip.staywell.com

- By completing the assessment during Open Enrollment and agreeing to a follow-up call you will receive a \$5 reduction in office visit copays for you and your covered dependents in 2016.
- Enroll in a Wellness program

All elections are final as of midnight, November 9, 2015.

What's Open

Employees on state's bi-weekly payroll

USE THE INTERNET TO MAKE THE FOLLOWING CHANGES FROM OCTOBER 27 - NOVEMBER 9, 2015:

Health

- Change health insurance carriers.
- Add or cancel family health insurance.
- Add or drop eligible dependents.
- Newly added dependents must verify eligibility. SEGIP will send a letter following Open Enrollment with instructions.
- Gain a \$5 reduction in the office visit copay by completing the Personal Health Assessment and agreeing to accept a health professional call.
- Effective dates: January 1, 2016 – December 31, 2016

Dental

- Enroll or waive dental.
- Change dental insurance carriers.
- Add or drop dependents.
- Newly added dependents must be verified.
- Effective date: January 1, 2016 – December 31, 2017.

Long Term Disability (LTD)

- Enroll in or increase your LTD coverage.
- Effective date: January 1, 2016*.

Managers Income Protection Plan (IPP)

- Managers may increase the disability elimination period.
- Managers may reduce the elimination period by one 30-day unit.
- Effective date: January 1, 2016*.

Flexible Spending Accounts (FSA)

- Enroll or re-enroll in the 2016 Dependent Care (daycare) Expense Account (DCEA), the 2016 Medical/Dental Expense Account (MDEA) and/or the Transit Expense Accounts (TEA). If you currently participate in a SEGIP FSA, and want to participate in 2016, you must enroll or re-enroll during Open Enrollment. Transit expenses deducted directly through payroll such as monthly parking or bus pass deductions will continue.
- For those participating in the 2015 MDEA, note that if you are employed the first day of the new plan year and have made all 2015 contributions, you may be eligible for carryover of up to \$500 from your 2015 balance into 2016.
- For participants in the transit accounts, if you have money left in the account at the end of 2015 you may carry it over into the new plan year only if you enroll for 2016 during Open Enrollment.
- Effective dates: January 1, 2016 through December 31, 2016.

*** You must be actively at work in order for these changes to go into effect.**

Employees on leave (if coverage has been continued)

USE THE INTERNET TO MAKE THE FOLLOWING CHANGES FROM OCTOBER 27 - NOVEMBER 9, 2015:

Health

- Change health insurance carriers.
- Add or drop eligible dependents.
- Newly added dependents must verify eligibility. SEGIP will send a letter following Open Enrollment with instructions.
- Complete the StayWell Personal Health Assessment and agree to a health professional call to receive the \$5 reduction in office visit copays for you and your covered dependents.
- Effective dates: January 1, 2016 – December 31, 2016.

Dental

- Enroll or waive dental.
- Change dental insurance carriers.
- Add or drop dependents.
- Newly added dependents must be verified.
- Effective date: January 1, 2016 – December 31, 2017.

WHEN YOU RETURN TO WORK YOU MAY MAKE THE FOLLOWING SELECTIONS:

Long Term Disability (LTD)

- Enroll in or increase your LTD coverage.
- Effective date: the increase will take effect either on January 1, 2016 (if you return to work before that date) or the day you return to work if it is after January 1, 2016.

Managers Income Protection Plan (IPP)

- Managers may decrease the disability elimination period by one 30-day unit.
- Managers may increase the disability elimination period.

FSA accounts

- Enroll in the 2016 Dependent Care (daycare) Expense Account, the 2016 Medical/Dental Expense Account and/or the Transit Expense Accounts. If you currently participate in a SEGIP FSA, and want to continue to participate in 2016, you must enroll during Open Enrollment. Transit expenses deducted directly through payroll, such as monthly parking or bus pass deductions, will continue.
- Use the internet to enroll in Pre-tax plans if your leave will end prior to January 1, 2016. If your leave crosses over into the new year, those on FMLA in the new year can use the internet and begin contributions for 2016 via billing. Those whose unpaid leave will end on or after January 1, 2016 may be invited to make a new prospective election within 30 days of their return from leave date.
- Effective dates: Your election will take effect on January 1, 2016, if you return to work before that date, or when you return to work and apply for coverage upon return. If you return to work after January 1, 2016 you may apply for coverage upon return.

Employees that participate in SEGIP but are not on the state's central payroll

USE THE INTERNET TO MAKE THE FOLLOWING CHANGES FROM OCTOBER 27 - NOVEMBER 9, 2015:

Health

- Change health insurance carriers.
- Add or drop eligible dependents.
- Verify eligibility of newly added dependents. SEGIP will send a letter following Open Enrollment with instructions.
- Complete the StayWell Personal Health Assessment and agree to be contacted by a health professional to receive the \$5 reduction in the office visit copay for you & covered dependents.
- Effective dates: January 1, 2016 – December 31, 2016.

Dental

- Enroll or waive dental.
- Change dental insurance carriers.
- Add or drop dependents.
- Newly added dependents must be verified.
- Effective date: January 1, 2016 – December 31, 2017.

Long Term Disability (LTD) (if applicable)

- Enroll in or increase your LTD coverage.
- Effective date: January 1, 2016.

CONTACT YOUR HUMAN RESOURCES OFFICE TO DETERMINE IF YOU ARE ELIGIBLE TO PARTICIPATE IN THE FLEXIBLE SPENDING OR PRE-TAX ACCOUNTS

* You must be actively at work in order for these changes to go into effect.

Retired employees who receive a continuing state contribution to the cost of insurance benefits (remember to use your new Retiree ID #)

USE THE INTERNET TO MAKE THE FOLLOWING CHANGES FROM OCTOBER 27 - NOVEMBER 9, 2015:

Health

- Change health insurance carriers.
- Complete the StayWell Personal Health Assessment and agree to a health professional call to receive the \$5 reduction in office visit copays for you and covered dependents.
- Cancel family health insurance.
- Effective dates: January 1, 2016 – December 31, 2016

Dental

- Enroll or waive dental.
- Change dental insurance carriers.
- Add or drop dependents.
- Newly added dependents must be verified.
- Effective date: January 1, 2016 – December 31, 2017.

NOTE: Open Enrollment is not an opportunity to add dependents or family health insurance. As a retiree, you may only change from employee to family coverage under the following circumstances:

1. At the time your spouse or other eligible dependent loses other group coverage. You must enroll within 30-days of loss of coverage. Proof of loss is required.
2. If you become newly married and enroll your new spouse within 30 days of the date of marriage. Verification of the marriage will be required.

Health Plan Highlights

Definitions

Deductible: An annual amount that must be paid once each year before the plan starts paying for coverage services. A "\$250 deductible" means that you will pay the first \$250 per year before the plan will begin covering the cost of services.

Copayment (or "copay"): A flat dollar amount that is charged every time a service is provided. For example, in the Advantage Plan, members will be charged an office visit copay for most visits to the doctor's office.

Coinsurance: A percentage of the cost that is charged for certain services. For example, in the Advantage Plan for outpatient hospital services in cost level 4, the plan pays 75%, and members pay 25% coinsurance after the deductible has been paid.

Out-of-pocket (OOP) maximum: The defined limit of combined expenses that an individual (or a family) will have to pay during a single insurance year. Under Advantage, members have an OOP maximum for prescription drug copays, and a separate OOP maximum for copayments, deductibles and coinsurance associated with other medical services.

NOTE: For two state employees who are married and enrolled with the same health carrier, out-of-pocket expenses incurred by one spouse can be applied to the family maximum of the spouse who carries family coverage. It is the responsibility of the employee to contact the health carrier for this to occur.

Service Area: A geographic area which has sufficient care providers to allow adequate access for state employees.

Minnesota Advantage Health Plan is the medical benefits program for all state employees

All state of Minnesota employees, retirees under age 65, and eligible dependents who receive medical coverage under the State Employee Group Insurance Program (SEGIP) are enrolled in a benefits program called the Minnesota Advantage Health Plan.

Advantage Plan includes important features

The Minnesota Advantage Health Plan has cost sharing features that will help you and the state better control health care costs while maintaining flexibility in accessing doctors and clinics. Advantage has some important notable features, including:

- Uniform comprehensive set of benefits across carriers.
- No copay charged for preventive care such as immunizations, well-child care, annual check-ups, etc.
- The opportunity to learn more about your personal health by completing a personal health assessment during Open Enrollment. By taking the survey and agreeing to a follow-up call from a health professional, you will lower the amount of your office visit copay and enjoy access to several health and wellness programs.
- Most medical care is coordinated through your Primary Care Clinic (PCC) and you will generally need a referral to see a specialist.

You may self-refer to certain specialists including:

- obstetricians/gynecologists,
- chiropractors
- mental health/chemical dependency
- routine eye exams providers

(How you access this specialty care depends on your plan and possibly your PCC)

- Family members may elect different PCCs (even in a different cost level), but must be covered by the same carrier.
- You may change your Primary Care Clinics and cost level as often as monthly. Clinic changes are effective the first of the month following the date you request the change by calling your carrier.
- Referrals to a specialist's office will be covered at the same cost level as your PCC.
- We advise that you choose a carrier that is available in the county in which you live.
- BlueCross BlueShield and HealthPartners provide PCC throughout all counties in Minnesota. PreferredOne provides coverage in all counties, except Houston county where no coverage is provided.

How does Advantage work?

Under Advantage, you share in the cost of specific medical services you obtain by paying out-of-pocket costs (deductibles, office visit copayments, and coinsurance). These cost sharing features will change in 2016.

Health care providers have been placed into one of four cost levels, depending on the care system in which the provider participates and that care system's total cost of delivering health care.

The amount of cost sharing that is paid when using health care services varies depending upon the cost level of the Primary Care Clinic (PCC) that you choose. Clinics may have changed cost levels for 2016. To check the cost level of your clinic, refer to the Advantage Clinic Directory on the SEGIP website at: mn.gov/mmb/segip. To access clinics, click on the Open Enrollment tab. You may also call your insurance carrier listed on page 26 for assistance with questions about 2016 clinics.

Although you will pay out-of-pocket (OOP) costs under Advantage, cost levels one and two feature the same low OOP maximum. The OOP maximum for cost level three and four are set higher, as the cost to deliver care under these systems is higher than costs in cost levels one and two clinics. Once you've reached your annual OOP maximum limit, the Advantage Plan will pay the remaining medical costs for eligible services for the rest of the plan year.

Most employees can enroll in SEGIP's Medical/Dental Expense Account, a program that will allow your OOP costs to be paid with pre-tax dollars, minimizing your health care expenses. See the Optional Coverage Highlights section of the Open Enrollment materials for details. Note that restrictions exist for employees who are eligible and enrolled in a high deductible plan with a Health Savings Account (HSA).

NOTE: For two state employees enrolled in Advantage who are married to each other and enroll with the same health carrier, out-of-pocket expenses incurred by one spouse can be applied to the family maximum of the spouse who carries family coverage. It is your responsibility to notify your carrier when the out-of-pocket maximum has been met.

Navitus is the Pharmacy Benefits Manager for all participants of the Minnesota Advantage Health Plan regardless of the carrier selected. Under the SEGIP plan, formulary drugs are covered under one of three tiers, regardless of the PCC selected. The formulary may be accessed at: www.navitus.com. You must set up a name/password to access specific plan information.

How to find Primary Care Clinics and more

A list of participating clinics is available to help you make your Primary Care Clinic (PCC) selection. This list includes your PCC's clinic number which you will need in order to enroll. To find the list, go to the SEGIP website, at: mn.gov/mmb/segip. To access clinics, click on the Open Enrollment tab. Next, click on Employees and Minnesota Advantage Health Plan.

The SEGIP page also provides links to more detailed online provider directories of the three Advantage Plan carriers: BlueCross BlueShield, HealthPartners and PreferredOne. To access, click on the Open Enrollment tab on the SEGIP website, at: mn.gov/mmb/segip and then click on the link entitled "Links to Participating SEGIP Insurance Carriers."

To ask specific questions, call the carrier directly. The carriers' phone numbers are listed on page 26 of this booklet.

Convenience Care

Convenience care clinics are available at the \$10 copay level in all cost levels. The first dollar deductible is waived. Convenience clinics provide a cost-effective alternative to emergency rooms, urgent care, and family practice clinics when used for simple illnesses, tests, and vaccinations. Each clinic is staffed by a certified family nurse practitioner or physician assistant who delivers the service in 10 to 15 minutes.

Appointments are not required. A list of convenience care clinics and locations is available at: mn.gov/mmb/segip or you may call your carrier member services number on the back of your card.

Convenience Care is also available electronically. All Advantage plan members have access to Doctors on Demand and VirtuWell. The first dollar deductible is waived and there is a \$10 copay. Care is web based for simple routine issues. For more information contact the customer service number on the back of your card.

Point of Service (POS)

Point of Service coverage is available for members whose permanent residence is outside the state of Minnesota and outside the service areas of the health plans participating in Advantage. This category includes employees temporarily residing outside Minnesota on temporary assignment or paid leave (including sabbatical) and college students. It is also available to dependent children and spouses permanently living outside the service area. Access to POS Benefits must be requested. Dependents permanently residing outside the service area must provide their address to SEGIP (request POS form) and request access to POS benefits from their carrier. POS participants are encouraged to inquire about medical practitioners available under their Nationwide Preferred Provider Network.

NOTE: Children who have lived out of area with an ex-spouse since 2003 will receive level 2 coverage with a national PPO provider. If a national PPO provider is not available, a dependent may self-refer and receive level 2 benefits. This continuation only applies if enrollment is continued with the same carrier.

StayWell Personal Health Assessment

Employees will have an opportunity to take a personal health assessment provided by StayWell and join healthy lifestyle programs. Taking the personal health assessment during Open Enrollment and agreeing to a follow-up call from a StayWell health professional, will gain the \$5 reduction in the office visit copay for you and eligible dependents in 2016. The assessment is confidential. Aggregate group data helps identify future health improvement initiatives.

In addition to the financial benefit of reduced copay, employees taking the assessment can join the StayWell healthy lifestyle programs at no cost during 2016. Employees have an opportunity to review their individual health potential report. This report shows current health status, risks, and potential for improvement based on their responses when taking the assessment. Topics include managing blood pressure, cholesterol, weight and stress, physical activity, nutrition, tobacco cessation, healthy pregnancy, and back health.

Remember, to be eligible for a lower office visit copay in 2016 you must:

- Register at: SEGIP.staywell.com and take your personal health assessment between October 27 and November 9, 2015.
- Agree to accept a follow-up call from a health professional when prompted in your personal health assessment. If your results show you are at risk and you have agreed to a follow-up call, a StayWell health professional will contact you to offer programs that help you achieve your health goals.

If you took the assessment during last year's Open Enrollment, you must take it again and agree to a follow-up call in order to receive the lower office visit copay for 2016. For more information regarding the optional assessment visit: SEGIP.staywell.com.

Note: during Open Enrollment, it is not necessary to select your health plan prior to taking your assessment. StayWell is the single vendor for the optional personal health assessment. Whether you enroll with BlueCross BlueShield, Health Partners or PreferredOne, your personal health assessment will be taken through StayWell.

2016 Minnesota Advantage Health Plan Schedule of Benefits

2016 Benefit Provision	Cost Level 1 - You Pay	Cost Level 2 - You Pay	Cost Level 3 - You Pay	Cost Level 4 - You Pay
A. Preventive Care Services <ul style="list-style-type: none"> Routine medical exams, cancer screening Child health preventive services, routine immunizations Prenatal and postnatal care and exams Adult immunizations Routine eye and hearing exams 	Nothing	Nothing	Nothing	Nothing
B. Annual First Dollar Deductible (single/family)	\$150/300	\$250/500	\$550/1,100	\$1,250/2,500
C. Office visits for Illness/Injury, for Outpatient Physical, Occupational or Speech Therapy, and Urgent Care <ul style="list-style-type: none"> Outpatient visits in a physician's office Chiropractic services Outpatient mental health and chemical dependency Urgent Care clinic visits (in & out of network) 	\$25/30* copay per visit Annual deductible applies	\$ 30/35* copay per visit Annual deductible applies	\$60/65* copay per visit Annual deductible applies	\$80/85* copay per visit Annual deductible applies
D. In-network Convenience Clinics & Online Care (deductible waived)	\$10 copay	\$10 copay	\$10 copay	\$10 copay
E. Emergency Care (in or out of network) <ul style="list-style-type: none"> Emergency care received in a hospital emergency room 	\$100 copay Annual deductible applies	\$100 copay Annual deductible applies	\$100 copay Annual deductible applies	25% coinsurance Annual deductible applies
F. Inpatient Hospital Copay (waived for admission to Center of Excellence)	\$100 copay Annual deductible applies	\$200 copay Annual deductible applies	\$500 copay Annual deductible applies	25% coinsurance Annual deductible applies
G. Outpatient Surgery Copay	\$60 copay Annual deductible applies	\$120 copay Annual deductible applies	\$250 copay Annual deductible applies	25% coinsurance Annual deductible applies
H. Hospice and Skilled Nursing Facility	Nothing	Nothing	Nothing	Nothing
I. Prosthetics, Durable Medical Equipment	20% coinsurance	20% coinsurance	20% coinsurance	25% coinsurance Annual deductible applies
J. Lab (including allergy shots), Pathology, and X-ray (not included as part of preventive care and not subject to office visit or facility copayments)	5% coinsurance Annual deductible applies	5% coinsurance Annual deductible applies	20% coinsurance Annual deductible applies	25% coinsurance Annual deductible applies
K. MRI/CT Scans	5% coinsurance Annual deductible applies	10% coinsurance Annual deductible applies	20% coinsurance Annual deductible applies	25% coinsurance Annual deductible applies
L. Other expenses not covered in A-K above, including but not limited to: <ul style="list-style-type: none"> Ambulance Home Health Care Outpatient Hospital Services (non-surgical) <ul style="list-style-type: none"> Radiation/chemotherapy Dialysis Day treatment for mental health and chemical dependency Other diagnostic or treatment related outpatient services 	5% coinsurance Annual deductible applies	5% coinsurance Annual deductible applies	20% coinsurance Annual deductible applies	25% coinsurance Annual deductible applies
M. Prescription Drugs 30-day supply of Tier 1, Tier 2, or Tier 3 prescription drugs, including insulin, or a 3-cycle supply of oral contraceptives Note: all Tier 1 generic and select branded oral contraceptives are covered at no cost.	\$14/25/50	\$14/25/50	\$14/25/50	\$14/25/50
N. Plan Maximum Out-of-Pocket Expense for Prescription Drugs (excludes PKU, Infertility, growth hormones) (single/family)	\$800/\$1,600	\$800/\$1,600	\$800/\$1,600	\$800/\$1,600
O. Plan Maximum Out-of-Pocket Expense (excluding prescription drugs) (single/family)	\$1,200/2,400	\$1,200/2,400	\$1,600/3,200	\$2,600/5,200

**The level of the office visit copayment for the employee and his or her family is dependent upon whether the employee has completed the Health Assessment in each Open Enrollment period, and agreed to accept a health coach call. Employees who have completed the Health Assessment and accept a health coaching call are entitled to the lower copayment. Employees hired after the close of Open Enrollment will be entitled to the lower copayment.*

This chart applies only to in-network coverage. Point-of-Service (POS), coverage is available only for members whose permanent residence is outside the State of Minnesota and outside the service areas of the health plans participating in Advantage. This category includes employees temporarily residing outside Minnesota on temporary assignment or paid leave [including sabbatical] and college students. It is also available to dependent children and spouses permanently residing outside the service area. These members pay a \$350 single or \$700 family deductible and 30% coinsurance to the out-of-pocket maximum described in Section O above. Members pay the drug copayment described at Section M above to the out-of-pocket maximum described at Section N. This benefit must be requested.

A standard set of benefits is offered in all SEGIP Advantage Plans. There are still some differences from plan to plan in the way that benefits, including the transplant benefit, are administered, in the referral and diagnosis coding patterns of primary care clinics, and in the definition of Allowed Amount. Beginning in 2016, benefits for palliative care and for the treatment of autism have been added, and are fully described in the Advantage Summary of Benefits.

Dental Plan Highlights

Dental insurance is **open** for election changes during this year's Open Enrollment. The following information is made available for your reference.

The annual maximum benefit paid on behalf of each covered member is \$1,500. Coverage for restorative care has increased for 2016 to 80% (from 60%).

Dependents to age 26 are eligible for dental coverage through SEGIP. You will be asked to verify dependent eligibility when a new dependent is added to your coverage due to a qualified life event or future Open Enrollment. A letter will be sent to your home address following the addition of dependents instructing you how to verify them.

The state offers two dental carriers: The State Dental Plan, administered by Delta Dental and HealthPartners State of Minnesota Dental Plan. Benefits for both plans are similar, but there are some differences between the two carriers in the way benefits are administered.

Dental Plan features

Your SEGIP dental plan offers the following benefits:

Comprehensive coverage

Both the State Dental Plan (Delta Dental) and Health Partners State of Minnesota Dental Plan provide comprehensive coverage that includes many preventive services, like periodic examinations, x-rays, cleanings, etc. and restorative services like fillings, crowns, root canals, extraction, and more. Details are available in the Certificate of Coverage.

Provider networks

State Dental Plan (Delta Dental) and Health Partners State of Minnesota Dental Plan offer a network of dental providers. You are not required to designate a dental clinic, but you must receive your care from a dentist listed in the plan directory, if you want to receive the highest level of benefit. If you don't receive your care through an in-network dentist/clinic or through the appropriate provider network you will not receive the highest level of benefits or may not receive any benefit at all.

The SEGIP website mn.gov/mmb/segip provides links to the provider directories published by our dental carriers. To access, click on the Open Enrollment tab. You may also call your plan's customer service number to learn whether your dentist is included in your plan's provider network during the 2016 Plan Year. Please note that participating dentists and dental clinics may change throughout the year.

Predetermination of benefits

When services, other than preventive care, are recommended by your dentist, ask your dentist to submit a request for a predetermination of benefits to your plan. This ensures that you understand the amount your plan will pay and the amount that will be your responsibility.

Schedule of Benefits for Dental Plan 2016

\$1500 Annual Maximum per person (does not apply to orthodontia)		
Covered Services	In-network Benefits	Out-of-network Benefits
Diagnostic and preventive care		
Preventive care; examinations, x rays, oral hygiene & teeth cleaning	100% coverage (deductible does not apply)	50% coverage (allowed amount) (deductible does not apply)
Fluoride treatment (to age 19)	100% coverage (deductible does not apply)	50% coverage (allowed amount) (deductible does not apply)
Space maintainers	100% coverage (deductible does not apply)	50% coverage (allowed amount) (deductible does not apply)
Annual Deductible	\$50 per person \$150 per family	\$125 per person
Restorative care and prosthetics		
Fillings (customary restorative materials)	80% coverage after deductible	50% coverage of the allowed amount after deductible
Sealants	80% coverage after deductible	50% coverage of the allowed amount after deductible
Oral surgery (simple extractions and root canals)	80% coverage after deductible	50% coverage of the allowed amount after deductible
Periodontics (gum disease therapy)	80% coverage after deductible	50% coverage of the allowed amount after deductible
Endodontics (root canal therapy)	80% coverage after deductible	50% coverage of the allowed amount after deductible
Inlays and overlays	80% coverage after deductible	50% coverage of the allowed amount after deductible
Restorative crowns	80% coverage after deductible	50% coverage of the allowed amount after deductible
Fixed or removable bridgework	50% coverage after deductible	50% coverage of the allowed amount after deductible
Full or partial dentures	50% coverage after deductible	50% coverage of the allowed amount after deductible
Dental relines or rebases	50% coverage after deductible	50% coverage of the allowed amount after deductible
Orthodontics - \$2400 Lifetime Maximum (does not start over if you change dental plans)	50% coverage (deductible does not apply). Coverage is limited to dependents under age 19.	50% coverage of the allowed amount (deductible does not apply). Coverage is limited to dependents under age 19.

Emergency services are covered at the same benefit level as a non-emergency service.

*See Certificate of Coverage for specific plan limitations.

***Dependent Eligibility for Medical and Dental Coverage
State Employee Group Insurance Program (SEGIP)***

Eligible Dependents	Definition of an Eligible Dependent	Required Documentation
Spouse	<ul style="list-style-type: none"> Must be legally married under Minnesota law to an insurance eligible employee, <i>and</i> Your spouse is not eligible if he/she works full-time for an employer (with more than 100 people) and elects to receive cash or credits (1) in place of health insurance, or (2) in addition to a health plan with a deductible of \$750 or greater 	<ol style="list-style-type: none"> Copy of your certified marriage certificate <i>and</i> Copy of the front page of your most recent federal tax return confirming this dependent is your spouse OR a document dated within the last 60 days showing current relationship status such as a household bill. The document must include your spouse's name, the date and your mailing address. <i>and</i> Completed Spouse/Formal Spouse Certification Form
Former Spouse	<ul style="list-style-type: none"> The divorce must occur while the employee is covered, <i>and</i> Must have been covered on the employee's plan at the time of the divorce, <i>and</i> May not have obtained other group coverage since the divorce, <i>and</i> Not eligible if he/she works full-time for an employer (with more than 100 people) and elects to receive cash or credits (1) in place of health insurance, or (2) in exchange for a health plan with a deductible of \$750 or greater 	<ol style="list-style-type: none"> Copy of your divorce decree signed by a judge or court administrator <i>and</i> Completed Spouse/Formal Spouse Certification Form
Biological Children	<ul style="list-style-type: none"> To age 26 	<ol style="list-style-type: none"> Copy of the child's birth certificate naming you as the child's parent
Adopted children	<ul style="list-style-type: none"> To age 26 if adopted <i>or</i> To age 18 if placed with you for adoption 	<ol style="list-style-type: none"> Copy of your court documentation showing the names of both you (or your spouse) and the child confirming the adoption <i>or</i> Copy of the child's birth certificate naming you (or your spouse) as the child's parent
Step Children	<ul style="list-style-type: none"> To age 26 You must be legally married to the child's parent 	<ol style="list-style-type: none"> Copy of the child's birth certificate naming your spouse as the child's parent <i>and</i> Copy of your certified marriage certificate and a current financial document naming both you and your spouse
Foster Children (ward, legal guardian, legal custody)	<ul style="list-style-type: none"> To age 26 Full and permanent legal and physical custody 	<ol style="list-style-type: none"> Completed Foster Child Certification Form <i>and</i> Final copy of court document showing your name (and/or your spouse) confirming the foster relationship <i>and</i> Copy of the front page of your (or your spouse's) most recent federal tax return confirming this dependent is your (or your spouse's) tax dependent
Grandchildren	<ul style="list-style-type: none"> To age 26 Unmarried, dependent upon you for principal support and maintenance and lives with you; your child must be unmarried and less than age 19 <i>or</i> Financially dependent upon you and has resided with you continuously from birth -OR- If you have legally adopted your grandchild or are the foster parent of your grandchild follow those eligibility rules 	<ol style="list-style-type: none"> Completed Grandchild Certification Form <i>and</i> Copy of your grandchild's birth certificate, naming your (or your spouse's) child as your grandchild's parent <i>and</i> Copy of your child's birth certificate naming you (or your spouse) as the parent <i>and</i> Document dated within the last 6 months establishing this grandchild currently resides with you <i>and</i> Copy of your most recent federal tax return listing this child as your (or your spouse's) tax dependent If your grandchild has lived with you continuously from birth a copy of your federal tax return from the year this grandchild was born
Disabled Children	<ul style="list-style-type: none"> Any age or marital status, includes dependent children incapable of self-sustaining employment by reason of developmental disability, mental illness or disorder, or physical disability, <i>and</i> Chiefly dependent upon you for principal support and maintenance, <i>and</i> You must provide proof of such incapacity and dependency biennially as requested by your health plan administrator 	<ol style="list-style-type: none"> Copy of the child's birth certificate naming you or your spouse as the child's parent, OR appropriate court order / adoption decree naming you as the child's legal guardian

Also covered: any other person required by state or federal law to be treated as a dependent for purpose of health care coverage.

Change in status or dependent eligibility: It is your responsibility to notify SEGIP of any change in a dependent's status (life event). Spouses and dependents losing eligibility may qualify for COBRA. An eligible spouse or dependent may be added within 30 days of a life event or during Open Enrollment. You must notify SEGIP within 60 days of your divorce from a covered spouse or if a covered dependent loses eligibility. After the 60-day period ends, continued failure to report a loss of eligibility may be considered fraud or intentional misrepresentation of a material fact and the employee may be liable for all claims paid by the Plan on behalf of such individuals and you may be subject to criminal penalties. Instances of fraud, intentional misrepresentation of a material fact or non-payment of premiums may result in the retroactive cancellation of coverage. Upon a 30-day notice, ineligible dependents may be dis-enrolled. Details are in Your Employee Benefits at:

mn.gov/mmb/segip

Optional coverage highlights

Open Enrollment 2016 is your chance to enroll in Long Term Disability

Long Term Disability (LTD) Insurance

Premiums have decreased by 20.59% for 2016. See the "2016 Optional Coverage Rates" section of this booklet to review the cost associated with various coverage levels. If you are eligible for this plan, it provides income replacement in the event that disability renders you unable to work for an extended period of time. If you are interested in this protection, you may purchase or increase LTD coverage only during Open Enrollment. The maximum LTD benefit that an employee may purchase is approximately 60% of your gross monthly income to a maximum benefit of \$7,000.

Manager's Income Protection Plan

If you are eligible for this plan, it provides life insurance and income replacement in the event that disability renders you unable to work for an extended period of time. You may decrease your period of elimination by one 30 day unit, without evidence of insurability, during Open Enrollment. Go to Benefits on Employee Self Service for more information.

NOTE: Payments from other wage replacement benefits to which you may be entitled to, such as those provided by Social Security Disability or Minnesota State Retirement Disability, may result in a reduction of monthly benefits paid by your SEGIP Long Term Disability and Manager's Income Protection Plan coverage. Call Ochs, Inc. for more details. The telephone number for Ochs, Inc. is listed on page 26 of this booklet.

Open Enrollment 2016 is your chance to enroll in 2016 Flexible Spending Accounts Pre-tax plans or Flexible Spending Accounts (FSAs)

These plans include the Medical/Dental Expense Account (MDEA), the Dependent (Daycare) Expense Account (DCEA), and the Transit Expense Account (TEA). If offered by your employer (and if you are eligible to participate) these plans enable you to set aside a portion of your income before taxes to cover out-of-pocket health and/or dental expenses with the MDEA and dependent daycare expenses with DCEA. The MDEA and DCEA are only available for dependents recognized by the Internal Revenue Service. The TEA enables you to set aside a portion of your income before taxes to cover certain costs associated with your commute to work. The TEA cannot be used for commuting expenses of your dependents.

The MDEA can be used to help cover the deductibles, copays, and coinsurance you may incur under your medical, dental or out-of-pocket vision expenses, prescription drugs and certain, limited over-the-counter drugs. Remember, elections to an MDEA account will be loaded on the Benny Card. MDEA participants have the option to use the Benny Card or submit receipts manually for reimbursement. Regardless of the method used, you must retain documentation of expenses. You may be asked by Eide Bailly or the IRS to substantiate your expenses.

- **The MDEA maximum is \$2,550 per employee.**
- **The DCEA annual maximum is \$5,000 per family.**
- **The TEA maximum is listed on the Eide Bailey website (not eligible for dependents).**

Plan carefully when determining the amount of money you set aside because remaining MDEA and DCEA dollars at the end of the year are forfeited. The minimum amount you may set aside in MDEA or DCEA is \$100 per year. Also, MDEA and DCEA money that you elected and is not used or reimbursed during the plan year will not be reimbursed, due to the "Use or lose" rule. Remember, MDEA participants may be eligible for a **carryover** of up to \$500, if all 2015 contributions have been made.

If you're currently enrolled in one or both of these plans, and want to continue participation in 2016, you must re-enroll during Open Enrollment. All necessary information is available on the internet.

NOTE: Medical and dental premiums are deducted from your paycheck on a pre-tax basis. Do not include this cost in your Medical/Dental Expense Account election.

Special notice regarding the Transit Expense Accounts

If you already pay for parking or transit pass expenses through a state payroll deduction, you will be automatically enrolled in a plan that allows you to make those payments before taxes. You should not enroll in the Transit Expense Account (TEA) unless you have additional eligible out-of-pocket transit expenses. The monthly Federal limits for the Transit Expense Accounts are available on the Eide Bailly website for both qualified parking expense and for bus pass or vanpool expenses. These limits could change for 2016. Updated information will be provided when available. The minimum amount you may set aside is \$50 per account per year. TEA expenses must be submitted within **180 days** of when they were incurred or paid or they will not be reimbursed. If you have money left in your Transit Expense Account at the end of 2015, it will be rolled forward to 2016, but only if you enroll in the same Transit Expense Account during Open Enrollment for the 2016 plan year.

Use a paper application form to make other optional coverage selections

Accidental Death & Dismemberment (AD&D) Insurance

If you're eligible for this coverage, it pays cash benefits when accidental injuries result in death or loss of body parts. You may purchase coverage for you or your spouse **without** evidence of insurability at any time. The AD&D rates will remain unchanged for 2016.

You may make the following optional coverage selections with evidence of insurability or cancel optional coverage at times other than Open Enrollment by submitting a paper application form. The application is available on the SEGIP home page at: mn.gov/mmb/segip. Download and print the form, then submit the completed application to SEGIP or fax it to SEGIP at (651) 296-5445.

Short Term Disability (STD) Insurance

If you are eligible for this plan, you may apply to purchase or increase STD insurance coverage at any time of the year with evidence of insurability. The individual maximum is $66\frac{2}{3}\%$ of your gross monthly income to a maximum of \$5,000 in coverage. Premium rates for STD coverage will increase by 5.1% for the 2016 plan year. Please refer to the rates section for further information.

NOTE: When certain life events occur, you may be able to make changes in some optional coverage. Contact the SEGIP Service Center for details or refer to the *Your Employee Benefits* booklet found on the SEGIP website.

For more information about SEGIP optional plans...

You may request informational materials related to any SEGIP optional coverage plan by calling that plan's customer service number. The phone numbers for each plan are listed on page 26 of this booklet. See the **2016 optional insurance costs** on the following pages to learn the rates you will have to pay for optional coverage plans.

2016 Health Plan Rates

Full employer contribution

Monthly	Employee Coverage			Dependent Coverage			Family Coverage		
Health Plan	Total	State	Employee	Total	State	Employee	Total	State	Employee
Advantage Blue Cross	564.22	536.02	28.20	1094.98	930.74	164.24	1659.20	1466.76	192.44
Advantage HealthPartners	564.22	536.02	28.20	1094.98	930.74	164.24	1659.20	1466.76	192.44
Advantage PreferredOne	564.22	536.02	28.20	1094.98	930.74	164.24	1659.20	1466.76	192.44

75% employer contribution

Monthly	Employee Coverage			Dependent Coverage			Family Coverage		
Health Plan	Total	State	Employee	Total	State	Employee	Total	State	Employee
Advantage Blue Cross	564.22	402.02	162.20	1094.98	698.06	396.92	1659.20	1100.08	559.12
Advantage HealthPartners	564.22	402.02	162.20	1094.98	698.06	396.92	1659.20	1100.08	559.12
Advantage PreferredOne	564.22	402.02	162.20	1094.98	698.06	396.92	1659.20	1100.08	559.12

50% employer contribution

Monthly	Employee Coverage			Dependent Coverage			Family Coverage		
Health Plan	Total	State	Employee	Total	State	Employee	Total	State	Employee
Advantage Blue Cross	564.22	268.02	296.20	1094.98	465.38	629.60	1659.20	733.40	925.80
Advantage HealthPartners	564.22	268.02	296.20	1094.98	465.38	629.60	1659.20	733.40	925.80
Advantage PreferredOne	564.22	268.02	296.20	1094.98	465.38	629.60	1659.20	733.40	925.80

0% employer contribution

Monthly	Employee Coverage			Dependent Coverage			Family Coverage		
Health Plan	Total	State	Employee	Total	State	Employee	Total	State	Employee
Advantage Blue Cross	564.22	0	564.22	1094.98	0	1094.98	1659.20	0	1659.20
Advantage HealthPartners	564.22	0	564.22	1094.98	0	1094.98	1659.20	0	1659.20
Advantage PreferredOne	564.22	0	564.22	1094.98	0	1094.98	1659.20	0	1659.20

2016 Dental Plan rate

Full employer contribution

Monthly	Employee Coverage			Dependent Coverage			Family Coverage		
Dental Plan	Total	State	Employee	Total	State	Employee	Total	State	Employee
State Dental Plan	29.70	24.70	5.00	58.14	29.08	29.06	87.84	53.78	34.06
HealthPartners Dental	29.70	24.70	5.00	58.14	29.08	29.06	87.84	53.78	34.06

75% employer contribution

Monthly	Employee Coverage			Dependent Coverage			Family Coverage		
Dental Plan	Total	State	Employee	Total	State	Employee	Total	State	Employee
State Dental Plan	29.70	18.54	11.16	58.14	21.82	36.32	87.84	40.36	47.48
HealthPartners Dental	29.70	18.54	11.16	58.14	21.82	36.32	87.84	40.36	47.48

50% employer contribution

Monthly	Employee Coverage			Dependent Coverage			Family Coverage		
Dental Plan	Total	State	Employee	Total	State	Employee	Total	State	Employee
State Dental Plan	29.70	12.36	17.34	58.14	14.54	43.60	87.84	26.90	60.94
HealthPartners Dental	29.70	12.36	17.34	58.14	14.54	43.60	87.84	26.90	60.94

0% employer contribution

Monthly	Employee Coverage			Dependent Coverage			Family Coverage		
Dental Plan	Total	State	Employee	Total	State	Employee	Total	State	Employee
State Dental Plan	29.70	0	29.70	58.14	0	58.14	87.84	0	87.84
HealthPartners Dental	29.70	0	29.70	58.14	0	58.14	87.84	0	87.84

2016 Optional Coverage Rates

Life Insurance

If you currently have Employee or Spouse Optional Life Coverage, you may add the following amount with evidence of good health at any time:

Age of employee or spouse	Semi-monthly cost per \$5000 of coverage	Monthly cost per \$5000 of coverage
Under 30	\$.15	\$.30
30-34	.20	.40
35-39	.23	.46
40-44	.28	.56
45-49	.48	.96
50-54	.88	1.76
55-59	1.38	2.76
60-64	2.25	4.50
65-69	3.63	7.26
70-74	5.88	11.76
75-79	9.50	19.00
80-84	15.38	30.76
85-89	30.75	61.50

Child life insurance

The cost of \$10,000 in child life insurance is:

Semi-monthly \$.42

Monthly \$.84

Accidental death and dismemberment

The cost of \$5,000 in accidental death/dismemberment insurance is:

Semi-monthly \$.08

Monthly \$.16

You must be actively at work for any increase in optional coverage to take effect.

Long Term Disability (LTD) Insurance

Annual salary	Maximum monthly benefit from all sources*	Maximum monthly benefit payable under this policy	Semi-monthly cost**	Monthly cost
You must be actively at work for any increase in optional coverage to take effect.				
\$6,001 - 6,500	\$ 300	\$ 300	\$ 0.81	\$ 1.62
6,501 - 7,000	350	350	0.95	1.89
7,001 - 8,000	400	400	1.08	2.16
8,001 - 9,000	450	450	1.22	2.43
9,001 - 10,000	500	500	1.35	2.70
10,001 - 11,000	550	550	1.49	2.97
11,001 - 12,000	600	600	1.62	3.24
12,001 - 12,500	650	650	1.76	3.51
12,501 - 13,000	700	700	1.89	3.78
13,001 - 14,000	750	750	2.03	4.05
14,001 - 15,000	800	800	2.16	4.32
15,001 - 16,000	850	850	2.30	4.59
16,001 - 18,000	900	900	2.43	4.86
18,001 - 19,000	950	950	2.57	5.13
19,001 - 20,000	1,000	1,000	2.70	5.40
20,001 - 22,000	1,100	1,100	2.97	5.94
22,001 - 24,000	1,200	1,200	3.24	6.48
24,001 - 26,000	1,300	1,300	3.51	7.02
26,001 - 28,000	1,400	1,400	3.78	7.56
28,001 - 30,000	1,500	1,500	4.05	8.10
30,001 - 32,000	1,600	1,600	4.32	8.64
32,001 - 34,000	1,700	1,700	4.59	9.18
34,001 - 36,000	1,800	1,800	4.86	9.72
36,001 - 38,000	1,900	1,900	5.13	10.26
38,001 - 40,000	2,000	2,000	5.40	10.80
40,001 - 42,000	2,100	2,100	5.67	11.34
42,001 - 44,000	2,200	2,200	5.94	11.88
44,001 - 46,000	2,300	2,300	6.21	12.42
46,001 - 48,000	2,400	2,400	6.48	12.96
48,001 - 50,000	2,500	2,500	6.75	13.50

* The maximum benefit from all sources is the most you can expect to receive from all sources of disability income, including but not limited to, state disability retirement, workers' compensation, Social Security and any other income you may receive.

* Do not purchase more than approximately 60% of your gross monthly salary; benefits paid will be capped at that amount

<i>Long Term Disability (LTD) Insurance</i>				
Annual salary	Maximum monthly benefit from all sources*	Maximum monthly benefit payable under this policy	Semi-monthly cost**	Monthly cost
<i>You must be actively at work for any increase in optional coverage to take effect.</i>				
50,001 - 52,000	2,600	2,600	7.02	14.04
52,001 - 54,000	2,700	2,700	7.29	14.58
54,001 - 56,000	2,800	2,800	7.56	15.12
56,001 - 58,000	2,900	2,900	7.83	15.66
58,001 - 60,000	3,000	3,000	8.10	16.20
60,001 - 61,000	3,100	3,100	8.37	16.74
61,001 - 62,000	3,200	3,200	8.64	17.28
62,001 - 63,000	3,300	3,300	8.91	17.82
63,001 - 64,000	3,400	3,400	9.18	18.36
64,001 - 65,000	3,500	3,500	9.45	18.90
65,001 - 67,000	3,600	3,600	9.72	19.44
67,001 - 69,000	3,700	3,700	9.99	19.98
69,001 - 71,500	3,800	3,800	10.26	20.52
71,501 - 73,000	3,900	3,900	10.53	21.06
73,001 - 75,000	4,000	4,000	10.80	21.60
75,001 - 77,000	4,100	4,100	11.07	22.14
77,001 - 79,000	4,200	4,200	11.34	22.68
79,001 - 81,000	4,300	4,300	11.61	23.22
81,001 - 83,000	4,400	4,400	11.88	23.76
83,001 - 85,000	4,500	4,500	12.15	24.30
85,001 - 87,000	4,600	4,600	12.42	24.84
87,001 - 89,000	4,700	4,700	12.69	25.38
89,001 - 91,000	4,800	4,800	12.96	25.92
91,001 - 93,000	4,900	4,900	13.23	26.46
93,001 - 96,000	5,000	5,000	13.50	27.00
96,001 - 98,000	5,100	5,100	13.77	27.54
98,001 - 100,000	5,200	5,200	14.04	28.08
100,001 - 102,000	5,300	5,300	14.31	28.62
102,001 - 104,000	5,400	5,400	14.58	29.16
104,001 - 106,000	5,500	5,500	14.85	29.70
* The maximum benefit from all sources is the most you can expect to receive from all sources of disability income, including but not limited to, state disability retirement, workers' compensation, Social Security and any other income you may receive.				
* Do not purchase more than approximately 60% of your gross monthly salary; benefits paid will be capped at that amount				

<i>Long Term Disability (LTD) Insurance</i>				
Annual salary	Maximum monthly benefit from all sources*	Maximum monthly benefit payable under this policy	Semi-monthly cost**	Monthly cost
<i>You must be actively at work for any increase in optional coverage to take effect.</i>				
106,001 - 108,000	5,600	5,600	15.12	30.24
108,001 - 110,000	5,700	5,700	15.39	30.78
110,001 - 112,000	5,800	5,800	15.66	31.32
112,001 - 114,000	5,900	5,900	15.93	31.86
114,001 - 116,000	6,000	6,000	16.20	32.40
116,001 - 118,000	6,100	6,100	16.47	32.94
118,001 - 120,000	6,200	6,200	16.74	33.48
120,001 - 122,000	6,300	6,300	17.01	34.02
122,001 - 124,000	6,400	6,400	17.28	34.56
124,001 - 126,000	6,500	6,500	17.55	35.10
126,001 - 128,000	6,600	6,600	17.82	35.64
128,001 - 130,000	6,700	6,700	18.09	36.18
130,001 - 132,000	6,800	6,800	18.36	36.72
132,001 - 133,500	6,900	6,900	18.63	37.26
133,501 - 135,500	7,000	7,000	18.90	37.80
<p>* The maximum benefit from all sources is the most you can expect to receive from all sources of disability income, including but not limited to, state disability retirement, workers' compensation, Social Security and any other income you may receive.</p> <p>* Do not purchase more than approximately 60% of your gross monthly salary; benefits paid will be capped at that amount</p>				

Short Term Disability (STD) Insurance

(Enrolling in Short Term Disability will require Evidence of Insurability)

Monthly benefit	Semi-monthly cost	Monthly Cost
\$ 300	\$ 1.86	\$ 3.72
400	2.48	4.96
500	3.10	6.20
600	3.72	7.44
700	4.34	8.68
800	4.96	9.92
900	5.58	11.16
1,000	6.20	12.40
1,100	6.82	13.64
1,200	7.44	14.88
1,300	8.06	16.12
1,400	8.68	17.36
1,500	9.30	18.60
1,600	9.92	19.84
1,700	10.54	21.08
1,800	11.16	22.32
1,900	11.78	23.56
2,000	12.40	24.80
2,100	13.02	26.04
2,200	13.64	27.28
2,300	14.26	28.52
2,400	14.88	29.76
2,500	15.50	31.00
2,600	16.12	32.24
2,700	16.74	33.48
2,800	17.36	34.72
2,900	17.98	35.96
3,000	18.60	37.20
3,100	19.22	38.44
3,200	19.84	39.68
3,300	20.46	40.92
3,400	21.08	42.16
3,500	21.70	43.40

* Do not purchase more than the amount up to 2/3 of your gross monthly salary; benefits paid will be capped at that amount.

Short Term Disability (STD) Insurance

(Enrolling in Short Term Disability will require Evidence of Insurability)

Monthly benefit	Semi-monthly cost	Monthly Cost
3,600	22.32	44.64
3,700	22.94	45.88
3,800	23.56	47.12
3,900	24.18	48.36
4,000	24.80	49.60
4,100	25.42	50.84
4,200	26.04	52.08
4,300	26.66	53.32
4,400	27.28	54.56
4,500	27.90	55.80
4,600	28.52	57.04
4,700	29.14	58.28
4,800	29.76	59.52
4,900	30.38	60.76
5,000	31.00	62.00

* Do not purchase more than the amount up to 2/3 of your gross monthly salary; benefits paid will be capped at that amount.

How can I get more information about Open Enrollment?

Your Agency Human Resource Representative or Designated Department Insurance Representative (DDIR)

Your Human Resources staff or DDIR are trained to answer your questions or direct you to the appropriate source of information.

Electronic Enrollment

Open Enrollment elections are most secure when submitted electronically through the state's secure Employee Self Service System. **SEGIP page** mn.gov/mmb/segip

A variety of information is available on the SEGIP website, such as the Advantage Clinic Directory, links to our participating carriers, and the medical and dental online provider directories.

Advantage Plan Provider Directory

You may access a consolidated list of the clinics included in all the Minnesota Advantage Health Plans via the SEGIP website or you may call your insurance carrier.

SEGIP Carriers

Each SEGIP health and dental insurance carrier and your pharmacy benefit manager prepares an online provider directory that lists its participating doctors, dentists and pharmacies. You may access this information through the SEGIP website or you may call your insurance carrier. A doctor, clinic, or provider may choose to terminate their relationship with an insurance carrier during the year. However, you may only switch carriers during Open Enrollment.

SEGIP's Service Center

For answers about rates, insurance billing, eligibility, or for help with enrollment, you can call SEGIP's Open Enrollment Service Center at 651-355-0100 or 800-664-3597. Consumers with hearing or speech difficulties can contact their preferred Telecommunications Relay Service. SEGIP operators are on duty Monday through Friday from 8 a.m. to 4 p.m., from October 12 through November 30, 2015 (closed on holidays observed by the state of Minnesota, such as Veterans' Day observed on Wednesday, November 11, 2015 and the Thanksgiving holidays, November 26 – 27, 2015). You can also reach the Service Center by e-mailing open enrollment questions to: segip.mmb@state.mn.us

Employee Meetings

Employee meetings will be held in selected locations throughout Minnesota. You may view the meeting schedules by going to the SEGIP website and clicking on the "Open Enrollment" tab or ask your HR or DDIR. Exclusive retiree meetings will also be held in late October and early November for retirees and potential retirees. The list of retiree meeting locations is available on the SEGIP website and on the Minnesota Retired State Employee Association at: www.mrsea.org/.

Important Open Enrollment Notes

Electronic enrollment

- You can enroll via Employee Self Service seven days per week, 24 hours per day, during the period from October 27 through November 9, 2015. However, as with most 24-hour systems, there are brief periods each day when it is possible that Self Service may not be available to accept your enrollment. This may happen each day around 12:15 to 12:30 and between 8:00 p.m. to 9:00 p.m. in the evening, when the system is running special administration processes. You do not have to avoid these times altogether, but be aware that it is possible the system may become unavailable for a very short period and you will get a message asking you to re-try in a few minutes.
- State personnel policy allows you to use your computer at work to complete your StayWell personal health assessment and your Open Enrollment elections.
- If problems with vision, hearing, or speech make internet enrollment inconvenient, ask your agency's HR or DDIR for assistance.

- If after completing enrollment via the internet, you find that you want to make changes or corrections, you may do so by repeating the internet enrollment process during the October 27 – November 9, 2015 Open Enrollment period. However, to make changes, you should re-enter information only in the section that you want to change. Remember to click “Accept” to make elections. Print and review your Confirmation Statement.
- You will be required to “review and accept” all your elections. Print or electronically save your Confirmation Statement after accepting your Open Enrollment elections to ensure your new elections have been recorded. Check to ensure that all dependents appear in the lower section with, “Yes” in the appropriate columns for medical or dental insurance.
- No changes may be made after November 9, 2015.

Payroll deductions

- For employees on the state's central payroll system, the first deduction for your portion of all benefits, including the pre-tax expense accounts that begin on January 1, will be taken from the pay check you are issued on January 8, 2016. The first deduction for any coverage that requires evidence of good health will be taken when the coverage is approved by the carrier. That coverage will take effect the day it is approved.

Minnesota Management & Budget (MMB) Notice of Collection of Private Data

Minnesota Management & Budget (MMB) administers the State Employee Group Insurance Program (SEGIP). This notice explains why we are requesting the private data about you, your spouse, and dependents, how we will use it, who will see it, and your obligation to provide the data.

What data will we use?

We will use the data you provide us at this time, as well as data previously provided us, about yourself, your spouse, or dependent(s). If you provide any data about that is not necessary, we will not use it for any purpose.

SEMA4, the information system used to administer employee benefits, contains required information fields that may not be necessary for us to process your request. We only need your dependent's date of death to process a death benefit claim or to discontinue the dependent's coverage due to his or her death. Disability status is needed only to determine eligibility for insurance continuation for your dependent. We need the social security numbers and birth dates of your spouse and dependent to offer insurance continuation, process a death benefit, to ensure we are matching them to the correct insurance benefit transaction and to comply with federal Medicare coordination laws.

Why we ask you for this data?

We ask for this data so that we can successfully administer SEGIP.

This data is used to process your request to add or change coverage for yourself, your spouse, or dependents. The requested data helps us to determine eligibility, to identify you and your spouse, and dependents, and to contact you or your spouse, and dependents. The data is also used to develop new programs, ensure current programs effectively and efficiently meet member needs, and to comply with federal and state law and rules. We may ask for data about you, your spouse or dependents that we have already collected, including all or part of your social security number, in order to ensure we are matching you to the correct insurance benefit transaction. We need the social security numbers and birth dates of your spouse and dependent to offer insurance continuation, process a death benefit, to ensure we are matching them to the correct insurance benefit transaction and to comply with federal Medicare coordination laws (in compliance with Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (P.L. 110-173)). If you provide any data about you, your spouse, or dependents that is not necessary, we will not use it for any purpose.

Do you have to answer the questions we ask?

You are not required to provide all of the data but certain data must be collected. If you do not provide the requested data, your dependent(s) may not be approved to participate in the program or may lose coverage under the program. If you do provide the data, it will be used as described.

What will happen if you do not answer the questions we ask?

If you do not answer these questions, the insurance benefit transaction you requested for you or your spouse, dependent or other insurance benefit transaction may be delayed or denied.

Who else may see this data about you and your spouse and dependents?

We may give data about you and your spouse, and dependents to the insurance carrier you have chosen, SEGIP's other representatives, vendors and actuary; the Legislative Auditor; the Department of Health; the Department of Commerce; and any law enforcement agency or other agency with the legal authority to have the data; and anyone authorized by a court order. In addition, the parents of a minor may see data on the minor unless there is a law, court order, or other legally binding instrument that blocks the parent from that data.

How else may this data be used?

We can use or release this data only as stated in this notice unless you give us your written permission to release the data for another purpose or to release it to another individual or entity. The data may also be used for another purpose if Congress or the Minnesota Legislature passes a law allowing or requiring us to release the data or to use it for another purpose.

To obtain more information about SEGIP Plans

Submit the completed "Enrollment Form" to: Minnesota Management & Budget, 658 Cedar Street, St. Paul, MN 55155 or fax to (651) 296-5445. Applications MUST be received in the SEGIP Employee Insurance Division no later than November 9, 2015. Applications received after that date will not be processed.

Information available via the Internet

SEGIP plans provide information online. You can reach them through links on the SEGIP website: mn.gov/mmb/segip. To access, click on the Open Enrollment tab on the MMB home page. Next, click on the link entitled "Links to Participating SEGIP Insurance Carriers."

Contact plans by phone or Internet

HealthPartners Advantage Plan

(952) 883-7900
(888) 343-4404
(952) 883-5127 TTY
www.healthpartners.com/segip
National PPO: CIGNA
(888) 343-4404

PreferredOne Advantage Plan

(763) 847-4477
(800) 997-1750
(763) 847-4013 TTY
www.preferredone.com/segip
National PPO: Multiplan PHCS
(866) 241-7427
www.multiplan.com

BlueCross BlueShield Advantage Plan

(651) 662-5090
(800) 262-0819
(888) 878-0137 TTY
www.bluecrossmn.com/segip
National PPO: Blue Card
(800) 810-2583
www.bcbs.com/about-the-companies/
www.bcbs.com/already-a-member

MMB/SEGIP

Open Enrollment Service Center
8:00 A.M. to 4 P.M.
(651) 355-0100
(800) 664-3597
(651) 296-5445 Fax
mn.gov/mmb/

Ochs, Inc.

Minnesota Life and AD&D
Insurance
(651) 665-3789
(800) 392-7295
www.securian.com/ochs/statemn

Eide Bailly Employee Benefits

SEGIP Pre-tax Plans
(612) 253-6633
(800) 300-1672
(612) 253-6622 Fax
www.eidebaillybenefits.com/som

Hartford Life

SEGIP Disability Insurance
(952) 656-6900
(800) 752-9713

StayWell

Personal Health Assessment &
Wellness Program Provider
(855) 428-6320
segip.staywell.com

CNA Longterm Care Insurance

(888) 653-9600
(877) 914-2358 Fax
www.mpel.org

HealthPartners Dental

(952) 883-7900
(888) 343-4404
(952) 883-5127 TTY
www.healthpartners.com/segip

State Dental Plan

Delta Dental of Minnesota
(651) 406-5916
(651) 406-5923 TTY
(800) 553-9536
(888) 853-7570 TTY
www.deltadentalmn.org/segip

Navitus Health Solutions

Pharmacy Benefits Manager
(866) 333-2757
(920) 225-7005 TTY
www.navitus.com

This document can be made available in alternative formats, such as Braille or large print, upon request. Contact SEGIP at (651) 355-0100. Consumers with hearing or speech difficulties can contact MMB by using their preferred Telecommunications Relay Service.